

Montana Board of Realty Regulation
301 South Park Avenue 4th Floor
PO Box 200513
Helena MT 59620-0513
PHONE: 406-444-2961 FAX: 406-841-2323
E-MAIL: dlibsdrre@mt.gov WEBSITE: www.realestate.mt.gov

APPLICATION PROCEDURES FOR PROPERTY MANAGER LICENSING

PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING.

LICENSING REQUIREMENTS:

- Must be at least 18 years of age
- Must provide evidence of graduation from an accredited high school or equivalent.
- Must have completed the 30 hour property management course within the last 24 months
- Must have passed the examination with a score of 80% or higher within the last 12 months.
- Must provide property management trust account number, bank name and location.

FEES:

- _ \$60.00 – Application Fee
- _ \$35.00 – Recovery Fund Fee (One time only)

Make check or money order (\$95.00) payable to the Montana Board of Realty Regulation

DO NOT SEND CASH

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required. A license will not be issued until all materials are received and approved.

1. Completed application form and fees.
2. Provide evidence of graduation from an accredited high school or equivalent
3. Proof of 30 hours of approved Property Manager pre-licensing education taken in the last 24 months. Submit a copy of the completion certificate.
5. Copy of AMP test results completed & passed within the last 12 months.
6. A 2x2 photo attached to the application form in the space provided. The AMP exam photo is acceptable.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED

PLEASE REVIEW THE MONTANA LAWS AND RULES

Applicant must attach a photograph of himself / herself. The photograph must have been taken within the last year.

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For Official Use Only

License# _____

Date Issued _____

FEE: \$95.00

Application for Licensure as a Property Manager

1. FULL NAME _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____ EXAM DATE _____
3. BUSINESS NAME: _____
4. BUSINESS ADDRESS _____
Street City and State Zip Country
- MAILING ADDRESS (If Different) _____
PO Box # City and State Zip Country
5. HOME ADDRESS _____
Street or PO Box # City and State Zip Country
- E-MAIL ADDRESS _____ WEB SITE ADDRESS _____
6. TELEPHONE: _____
Business Home Fax
7. SOCIAL SECURITY # _____ FOREIGN ID # _____
☐ MALE
8. DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____
Month/ Day/Year City/State ☐ FEMALE
9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)
10. TRUST ACCOUNT # _____ BANK NAME _____
BANK LOCATION _____

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

11. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?
If yes, attach a detailed explanation. Yes No
12. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. Yes No
13. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?
If yes, attach a detailed explanation. Yes No
14. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. Yes No
15. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. Yes No

16. Do you have criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime(including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit charges or convictions prior to your 16th birthday.
If yes, attach a detailed explanation and send in final order court papers. Yes No
17. Have you ever been charged with fraud, formally or informally, in any civil proceeding?
If yes, attach a detailed explanation and send in final order court papers. Yes No
18. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. Yes No
19. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. Yes No
20. Do you currently hold any type of real estate license in Montana or another state? If yes, provide the following information: (Attach a supplement sheet if necessary.) Yes No

State/Province/Territory	License Number	Date Issued	Is It Current		Type of License
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Signature

Date

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check (**please do not send cash**). You may fill in the appropriate form below to submit payments. **This document will be destroyed after the payment is processed.** For a complete list of services for which the division accepts credit card payments or e-checks, please see:
<http://www.realestate.mt.gov>.

<input type="checkbox"/>	Visa	<input type="checkbox"/>	Master Card	Amount to be billed:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Credit Card #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		

Name on Card: _____

Important: This transaction will appear on your credit card statement as: **Discoveringmontana-SC**.

NAME : _____

ADDRESS: _____

CITY: _____

STATE: ZIP CODE:

PHONE : _____

E-Check Information

Name (First, Last): _____

Account Type: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Amount to be billed:

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Important: This transaction will appear on your bank statement as an electronic transaction with the words: **Montana Interact BSD-VT**.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: ZIP CODE :

PHONE : _____



*****TO PREVENT YOUR CREDIT CARD FROM BEING CHARGED TWICE DO NOT BOTH FAX AND MAIL THIS INFORMATION*****